

## Office of Financial Management Forecasting

July 23, 1999

In	ge Number Data Ctionary	Description
ADULTS18 IN HOUSEHOLD	9	NUMBER OF PERSONS 18 AND OLDER
ADULTS19 IN HOUSEHOLD	9	NUMBER OF PERSONS 19 AND OLDER
ADULTS21 IN HOUSEHOLD	9	NUMBER OF PERSONS 21 AND OLDER
AGE	3	AGE OF PERSON
AGE_I	3	AGE IMPUTATION FLAG (AGE)
AGECAT	3	AGE RECODES
ASIAN	4	NATIONALITY
BHP I	22	BHP IMPUTATION FLAG(INS_BHP)
BUS	2	PHONE NUMBERS USED STRICTLY FOR
BUS		
CENFAMID	1	CENSUS FAMILY ID
CF_PNUM	1	CENSUS FAMILY PERSON NUMBER
_ CFPOVCAT	20	CENSUS FAMILY POVERTY LEVEL
RECODES		
CFPOVLEV	20	CENSUS FAMILY POVERTY LEVEL
CHECK	17	JOB HELD LONGEST IN 1997 SAME
LAST WK		
CHLDRN14	9	NUM. OF PERSONS 14 AND YOUNGER
IN HOUSEHOLD		
CHLDRN17	9	NUM. OF PERSONS 17 AND YOUNGER
IN HOUSEHOLD		
CHLDRN18	9	NUM. OF PERSONS 18 AND YOUNGER
IN HOUSEHOLD		
CHLDRN20	9	NUM. OF PERSONS 20 AND YOUNGER
IN HOUSEHOLD		
CITIZEN	7	U.S. CITIZEN
CNFAMINC	20	CENSUS FAMILY INCOME
CNFINCAT	20	CENSUS FAMILY INCOME RECODES
CONTY1YR	7	COUNTY LIVED IN ONE YEAR AGO

PLAN   EMP_I   21
FLAG(INS_EMP) F_PNUM 1 HOUSEHOLD PERSON NUMBER WITHIN FAMILY FAM_ID 1 COMMON FAMILY IDENTIFIER FAM_ID 20 FAMILY INCOME IN 97 FAMINCAT 20 FAMILY INCOME RECODES FNLWGT 1 FINAL WEIGHT HHEARN97 19 1997 HOUSEHOLD TOTAL WAGE EARNINGS HHINC 19 1997 HOUSEHOLD TOTAL INCOME HHINC_I 19 1997 HOUSEHOLD TOTAL INCOME HHINCCAT 19 HOUSEHOLD INCOME RECODES HHPOVCAT 20 HOUSEHOLD INCOME RECODES HHPOVLEV 20 HOUSEHOLD POVERTY LEVEL RECODES HHPOVLEV 20 HOUSEHOLD TYPE HOUWEEK 12 HOUSEHOLD TYPE HOUREEK 12 HOUSEHOLD TYPE HOUREEK 12 HOURS WORKED PER WEEK AT ALL JOBS ID 1 IZU RESPONDENT ID NUMBER INS97_12 24 COVERED 12 MONTHS IN 1997 INS97_7 24 COVERED 12 MONTHS IN 1997 INS_EMP 21 EMPLOYER OR UNION PROVIDED HEALTH PLAN INS_MAA 22 MEDICAID AND OTHER MAA PROGRAMS INS_MAA 22 MEDICAID AND OTHER MAA PROGRAMS INS_MAA 22 MEDICAID AND OTHER MAA PROGRAMS INS_MOCR 21 MEDICARE INS_OTH 22 OTHER HEALTH PLAN INS_OTH 22 OTHER HEALTH PLAN INS_OTH 22 OTHER HEALTH PLAN INS_OUT 22 HEALTH PLAN BY SOMEONE OUTSIDE HH INS_OWN 21 HEALTH PLAN BY SOMEONE OUTSIDE HH INS_OWN 21 HEALTH PLAN BOUGHT ON OWN LFS 15 CURRENT LABOR FORCE STATUS LFS_I 5 CURRENT LABOR FORCE STATUS LFS_I 15 IMPUTATION FLAG OF LABOR FORCE FLAG(INS_MAA)
F_PNUM
FAMILY FAM_ID 1 COMMON FAMILY IDENTIFIER FAMINCAT 20 FAMILY INCOME IN 97 FAMINCAT 20 FAMILY INCOME RECODES FNLWGT 1 FINAL WEIGHT HHEARN97 19 1997 HOUSEHOLD TOTAL WAGE EARNINGS HHINC 19 1997 HOUSEHOLD TOTAL INCOME HHINC 19 1997 HOUSEHOLD TOTAL INCOME (HHINC) HHINCAT 19 HOUSEHOLD INCOME RECODES HHPOVCAT 20 HOUSEHOLD POVERTY LEVEL RECODES HHPOVLAT 20 HOUSEHOLD POVERTY LEVEL RECODES HHPOVLEV 20 HOUSEHOLD POVERTY LEVEL RECODES HHTYPE 9 HOUSEHOLD TYPE HOURWEEK 12 HOURS WORKED PER WEEK AT ALL JOBS ID 1 IZU RESPONDENT ID NUMBER INS97_12 24 COVERED 12 MONTHS IN 1997 INS_BHP 22 BASIC HEALTH PLAN INS_EMP 21 EMPLOYER OR UNION PROVIDED HEALTH PLAN INS_MAA 22 MEDICAID AND OTHER MAA PROGRAMS INS_MDCR 21 MEDICARE INS_OUT 22 HEALTH PLAN INS_OTH 22 OTHER HEALTH PLAN INS_OTH 22 OTHER HEALTH PLAN INS_OUT 22 HEALTH PLAN BY SOMEONE OUTSIDE HH INS_OWN 21 HEALTH PLAN BUGHT ON OWN LFS 15 IMPUTATION FLAG OF LABOR FORCE STATUS (LFS) MAA_I 22 MEDICAID/MAA IMPUTATION
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(HHINC)  HHINCCAT 19 HOUSEHOLD INCOME RECODES  HHPOVCAT 20 HOUSEHOLD POVERTY LEVEL RECODES  HHPOVLEV 20 HOUSEHOLD POVERTY LEVEL  HHTYPE 9 HOUSEHOLD TYPE  HOURWEEK 12 HOURS WORKED PER WEEK AT ALL  JOBS  ID 1 IZU RESPONDENT ID NUMBER  INS97_12 24 COVERED 12 MONTHS IN 1997  INS97_7 24 COVERED 7+ MONTHS IN 1997  INS_BHP 22 BASIC HEALTH PLAN  INS_EMP 21 EMPLOYER OR UNION PROVIDED  HEALTH PLAN  INS_MAA 22 MEDICAID AND OTHER MAA PROGRAMS  INS_MDCR 21 MEDICARE  INS_MIL 22 MILITARY HEALTH PLAN  INS_OTH 22 OTHER HEALTH PLAN  INS_OTH 22 OTHER HEALTH PLAN  INS_OUT 22 HEALTH PLAN BY SOMEONE OUTSIDE  HH  INS_OWN 21 HEALTH PLAN BOUGHT ON OWN  LFS 15 CURRENT LABOR FORCE STATUS  LFS_I 15 IMPUTATION FLAG OF LABOR FORCE  STATUS (LFS)  MAA_I 22 MEDICAID/MAA IMPUTATION  FLAG(INS_MAA)
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STATUS (LFS) MAA_I 22 MEDICAID/MAA IMPUTATION FLAG(INS_MAA)
MAA_I 22 MEDICAID/MAA IMPUTATION FLAG(INS_MAA)
FLAG(INS_MAA)
MAJIND97 17 97 MAJOR INDUSTRY RECODE
MAJIND98 12 98 MAJOR INDUSTRY RECODES
MDCR_I 21 MEDICARE IMPUTATION
FLAG(INS_MDCR)
FLAG(INS_MDCR) MIL_I 22 MILITARY PLAN IMPUTATION
MIL_I 22 MILITARY PLAN IMPUTATION

NUMPLANS	22	# HEALTH PLANS COVERED BY
NWAGEINC	19	1997 HOUSEHOLD NONWAGE INCOME
OTH_I	22	OTHER PLAN IMPUTATION
FLAG(INS_OTH)	0.0	DI ANI OLIMOTER IIII TARRIMAMIONI
OUT_I	22	PLAN OUTSIDE HH IMPUTATION
FLAG(INS_OUT)	0.1	CELE DATE DI MI IMPLEMENTANI
OWN_I	21	SELF-PAID PLAN IMPUTATION
FLAG(INS_OWN)	1.0	OUR A RUGINIEGO OR EARM
OWNBUS	10	OWN A BUSINESS OR FARM
PEARN97	19	1997 PERSONAL WAGE EARNINGS
PEOPL	2	# OF PEOPLE LIVE TOGETHER IN
RESIDENCE	7	
PLACE1YR		PLACE LIVED 1 YR AGO
PNUM	1	PERSON NUMBER
POVCAT	20	FAMILY POVERTY LEVEL RECODES
POVLEV	20	FAMILY POVERTY LEVEL
PPNWAGE	19	1997 PERSONAL NONWAGE INCOME
PRIMECOV	23	PRIMARY HEALTH PLAN
PRMRY	2	PRIMARY RESIDENCE IF MORE THAN
ONE	0	COLINERY IN U.A. DDIMADY
PRMST	2	COUNTY IN WA - PRIMARY
RESIDENCE	_	LIND OD GOMELT GER GERMER. 1 GE
Q215B1	5	WAR OR CONFLICT SERVED: 1ST
WAR/CONFLICT	_	LIND OD GOMELT GE GEDVED. OND
Q215B2	5	WAR OR CONFLICT SERVED: 2ND
WAR/CONFLICT	_	LIND OD GOMELTON GEDVED. 2DD
Q215B3	5	WAR OR CONFLICT SERVED: 3RD
WAR/CONFLICT	_	THE CERTIES IN HE ADMED TODGES
Q215P	5	EVER SERVED IN US ARMED FORCES
Q217A	5	TYPE OF DEGREE
Q2P10	3	TO WHOM MARRIED
Q2P11	4	ANYONE PARENT/GUARDIAN OF THIS
MEMBER?	4	LILIAM TO DADDAM (CHADDTAN
Q2P12	4	WHOM IS PARENT/GUARDIAN
Q2P13	4	RACE
Q2P13_I	4	RACE IMPUTATION FLAG(Q2P13)
Q2P14	4	MARITAL STATUS
Q2P15	5	NOW ON ACTIVE DUTY IN ARMED
FORCES	4	
Q2P16	4	HISPANIC ORIGIN
Q2P16_I	4	HISPANIC ORIGIN IMPUTATION
FLAG(Q2P16)	_	HIGHDON I DVDI OD OGNOOT
Q2P17	5	HIGHEST LEVEL OF SCHOOL
COMPLETED	_	DODN A II G GITTETH
Q2P18	5	BORN A U.S. CITIZEN
Q2P19	6	COUNTRY BORN IN
Q2P2	2	OWNER/RENTER OF RESIDENCE

Q2P21	Q2P20 U.S.	7	YEAR FIRST COME TO LIVE IN THE
Q2P23		7	II S CITIZEN NOW
COUNTY Q2P25 8 ALL LIVED WITH HOUSEHOLDER ONE YEAR AGO? Q2P26 8 DID NOT LIVE WITH R ONE YEAR AGO Q2P5B 2 HOW RELATED TO RESPONDENT Q2P6 3 SEX Q2P6_I 3 SEX IMPUTATION FLAG(Q2P6) Q2P7D 3 BORN - DAY Q2P7M 3 BORN - MONTH Q2P7Y 3 BORN - YEAR Q3P1 8 BEST DECRIPTION - TYPE OF HOME Q3P1A 8 FAMILY HOUSE STAND ALONE OR ATTACHED Q3P2A 8 OWN OR RENT HOME Q3P2B 8 CWN HOME FREE AND CLEAR Q3P2B 8 RENT WITH A GOVERNMENT SUBSIDY MARKET VALUE OF PROPERTY Q3P3 8 MARKET VALUE OF PROPERTY Q3P4 8 ASSESSED VALUE OF PROPERTY Q3P5 9 MONTHLY RENT FOR UNIT Q438B 15 YEAR LAST HAD A JOB Q442B 10 HEALTH COND. LIMIT KIND/AMOUNT Q442C 9 HEALTH COND. LIMIT KIND/AMOUNT OF WORK Q4P1 9 ANYONE IN HH HAVE A BUS, FARM, Q4P1 1 KIND OF BUSINESS/INDUSTRY MAIN JOB Q4P16 12 TOTAL # PERSONS WORK AT MAIN JOB Q4P16 12 TOTAL # PERSONS WORK AT MAIN JOB Q4P16 12 TOTAL # PERSONS WORK AT MAIN JOB Q4P17 12 # HOURS/WEEK USUALLY WORK ALL OTHER JOBS Q4P20 12 IF USUALLY WORK < 35 HRS, WANT WORK FT Q4P21 12 MAIN REASON FOR WORKING PART- TIME Q4P22 13 MAIN REASON NOT WANT TO WORK Q4P22 13 MAIN REASON NOT WANT TO WORK Q4P23 13 CONSIDER MAIN JOB A TEMPORARY			
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YEAR AGO?         Q2P26         8         DID NOT LIVE WITH R ONE YEAR           AGO         Q2P5B         2         HOW RELATED TO RESPONDENT           Q2P6         3         SEX           Q2P7D         3         SEX IMPUTATION FLAG(Q2P6)           Q2P7D         3         BORN - DAY           Q2P7Y         3         BORN - MONTH           Q3P1         8         BEST DECRIPTION - TYPE OF HOME           Q3P1A         8         FAMILY HOUSE STAND ALONE OR           ATTACHED         OWN OR RENT HOME           Q3P2         8         OWN OR RENT HOME           Q3P2B         8         COWN HOME FREE AND CLEAR           Q3P2B         8         RENT WITH A GOVERNMENT SUBSIDY           Q3P3         8         MARKET VALUE OF PROPERTY           Q3P4         8         ASSESSED VALUE OF PROPERTY           Q3P5         9         MONTHLY RENT FOR UNIT           Q4P3B         15         YEAR LAST HAD A JOB           Q442B         10         HEALTH COND. PREVENT FROM           WORKING         PARTH COND. LIMIT KIND/AMOUNT           Q4P1         9         ANYONE IN HH HAVE A BUS, FARM,           SELF-EMP         YEAR LAST HAD A JOB         YEAR LAST HAD A JOB		0	ALL LIMED WITH HOHCEHOLDED ONE
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Q4P20 12 IF USUALLY WORK < 35 HRS, WANT WORK FT Q4P21 12 MAIN REASON FOR WORKING PART- TIME Q4P22 13 MAIN REASON NOT WANT TO WORK FULL-TIME Q4P23 13 CONSIDER MAIN JOB A TEMPORARY	Q4P17	12	# HOURS/WEEK USUALLY WORK ALL
WORK FT Q4P21 12 MAIN REASON FOR WORKING PART- TIME Q4P22 13 MAIN REASON NOT WANT TO WORK FULL-TIME Q4P23 13 CONSIDER MAIN JOB A TEMPORARY	OTHER JOBS		
Q4P21 12 MAIN REASON FOR WORKING PARTTIME Q4P22 13 MAIN REASON NOT WANT TO WORK FULL-TIME Q4P23 13 CONSIDER MAIN JOB A TEMPORARY	Q4P20	12	IF USUALLY WORK < 35 HRS, WANT
TIME Q4P22 13 MAIN REASON NOT WANT TO WORK FULL-TIME Q4P23 13 CONSIDER MAIN JOB A TEMPORARY	WORK FT		
Q4P22 13 MAIN REASON NOT WANT TO WORK FULL-TIME Q4P23 13 CONSIDER MAIN JOB A TEMPORARY	Q4P21	12	MAIN REASON FOR WORKING PART-
FULL-TIME Q4P23 13 CONSIDER MAIN JOB A TEMPORARY	TIME		
FULL-TIME Q4P23 13 CONSIDER MAIN JOB A TEMPORARY	Q4P22	13	MAIN REASON NOT WANT TO WORK
Q4P23 13 CONSIDER MAIN JOB A TEMPORARY	· ·		
~		13	CONSIDER MAIN JOB A TEMPORARY

Q4P24	13	REASON CONSIDER JOB TEMPORARY
Q4P25	13	PREFER A PERMANENT OR TEMPORARY
JOB		
Q4P26	13	MEMBER OF A WORKERS UNION
Q4P27	13	GIVEN INDICATION RECALL WORK
NEXT 6 MO		
Q4P28	13	AS OF END LAST WEEK # WKS BEEN
ON LAYOFF		
Q4P29	13	JOB FROM WHICH LAID OFF IS FT
(>35 HRS)		
Q4P3	10	LAST WEEK HAVE FT/PT JOB (FOR
PAY)		
Q4P30	14	LAST WEEK, TYPE OF SCHOOL
ENROLLED IN		
Q4P31	14	ENROLLED AS FT/PT STUDENT
Q4P32	14	DOING ANYTHING TO FIND WORK
LAST 4 WEEKS		
Q4P33	14	AS OF LAST WEEK, # WEEKS LOOK
FOR WORK		
Q4P34	14	MAIN REASON NOT LOOK FOR WORK
LAST 4 WKS	1.4	TAGE WEEK GOW DOWN GEADER TOD TH
Q4P35	14	LAST WEEK COULD@VE START JOB IF
OFFERED	1 /	MIN COLL D NOW WAKE TOD TE OFFED
Q4P36	14	WHY COULD NOT TAKE JOB IF OFFER
LAST WK	15	CUDDENTED WANT TOD ETTIED ET OD
Q4P37 PT	15	CURRENTLY WANT JOB EITHER FT OR
Q4P38	15	MONTH LAST HAD A JOB
Q4P39	15	MAIN REASON LEFT LAST JOB
Q4P4	10	LAST WEEK DO ANY UNPAID WORK IN
FAM BUS	10	LASI WEEK DO ANI UNPAID WORK IN
Q4P42	9	HEALTH CONDITION LASTED 6 OR
MORE MONTHS	9	HEADIN CONDITION DASIED O OK
Q4P5	10	RECEIVE ANY PAYMENTS OR PROFITS
BUS FARM	10	RECEIVE TAVE TARRENTS OR TROTTES
Q4P6	10	MAIN REASON DID NOT HAVE JOB
LAST WK	_ •	1 1
Q4P6A	10	WERE YOU <q4p6> BEFORE OR AFTER</q4p6>
1/1/1997		
Q4P7	10	OVERALL # JOBS BUSINESSES HAVE
LAST WEEK		" " " " " " " " " " " " " " " " " " " "
Q4P8	11	# HOURS/WK USUALLY WORK AT MAIN
JOB		
Q4P9	11	MAIN JOB, SECTOR EMPLOYED BY
Q5P1	15	DURING 1997, # WEEKS HAVE JOB
~ Q5P10	17	JOB HELD LONGEST IN 1997 SECTOR
EMPLOYED		

Q5P11	17	JOB HELD LONGEST IN 1997 KIND
OF BUSINES		
Q5P12	18	KIND OF WORK DOING AT JOB HELD
LONG 1997		
Q5P14	18	OWNER OF THE BUSINESS IN 1997
Q5P15	18	JOB HELD LONG IN 97 # PERSONS
EMPLOYED		
Q5P2	15	DID ANY TEMP PT SEASONAL FOR
FEW DAYS 97		
Q5P3	16	MAIN REASON DID NOT WORK 52
WEEKS IN 97		
Q5P4	16	# WEEKS IN 1997 DID ACTIVE LOOK
FOR WRK		
Q5P5	16	MAIN REASON NOT LOOKING FOR
WORK		
Q5P6	16	# EMPLOYERS WORK FOR IN 1997
Q5P7	16	IN WEEKS THAT WORKED # HRS
USUAL WRK/WK		
Q5P8	16	# WEEKS < 35 HRS THAT WORKED IN
1997		
Q5P9	16	MAIN REASON WORKED < 35 HRS/WK
Q6P11	21	CURRENT HH MEMBERS RECEIVE
PUBLIC ASSIST		
Q6P12	21	CURRENT HH MEMBERS RECEIVE
SOCIAL SEC		
Q6P13	21	CURRENT HH MEMBERS RECEIVE
UNEMP INSUR		
Q6P14	21	CURRENT HH MEMBERS RECEIVE
WORKERS COMP		
Q6P1A	18	DOLLAR AMNT FROM JOB HELD
LONGEST IN 97		
Q6P2	18	TIP, BONUS FROM LONG JOB IN 97
Q6P4A	18	DOLLAR AMNT FROM OTHER JOBS IN
1997		
Q6P6P	18	DID ANYONE RECEIVE \$ FROM SS,
ETC		
Q6P8A	19	HOUSEHOLD INCOME RANGE FOR 1997
Q6P9	19	HOUSEHOLD INCOME IN 1997 -
EXACT AMOUNT		
Q7P10	23	# MONTHS HAD HEALTH COVERAGE IN
1997		
Q7P10_I	24	MONTHS COVERED 97 IMPUTATION
FLAG(Q7P10)		
Q7P11	24	STATE OF HEALTH
Q7P11_I	24	STATE OF HEALTH IMPUTATION
FLAG(Q7P11)		

Q7P14	24	ANYONE IN HH HAVE PERMANENT
HEALTH COND 07P15	24	HAVE PERMANENT DISABILITY
Q7P3Z	23	EVERYONE ELSE HH HAVE SAME
Q7P3Z HEALTH PLAN	43	EVERIONE ELSE DO DAVE SAME
	22	
Q7P5	23	HEALTH CARE PLAN AVAILABLE THRU
JOB	0.2	
Q7P6	23	REASON DOESN@T HAVE HEALTH
INSURANCE	0.0	
Q7P7	23	HEALTH PLAN PRIOR TO BHP
Q811A	25	CURRENT EMPLOYER - ON SITE
CHILD CARE	0.5	a a
Q811B	26	CURRENT EMPLOYER - CHILD CARE
SUBSIDIES		
Q811C	26	CURRENT EMPLOYER - PAID
VAC/SICK LEAV		
Q811D	26	CURRENT EMPLOYER - RETIREMENT
BENEFITS		
Q813P	26	HISPANIC OR LATINO ORIGIN
Q814A	25	ASIAN TYPE
Q8P1	24	# TOTAL HOURS CHILD SPEND IN
CHILD CARE		
Q8P10	25	PRIMARY LANGUAGE SPOKEN IN HOME
Q8P11	25	CURRENT EMPLOYER - EDUCATIONAL
ASSIST		
Q8P13	25	TYPE OF LATINO ORIGIN FOR
RESPONDENT		
Q8P14A	25	RACE- 1ST CHOICE
Q8P14B	26	RACE- 2ND CHOICE
Q8P14C	26	RACE- 3RD CHOICE
Q8P14D	26	RACE- 4TH CHOICE
Q8P14E	26	RACE- 5TH CHOICE
Q8P2	24	# OF THESE (Q8P1) HOURS PAID
CHILD CARE		
Q8P3	24	USUAL WAY GETTING TO
WORK/SCHOOL		
Q8P4	25	# MINUTES GETTING TO
SCHOOL/WORK		
Q8P5	25	# PEOPLE RODE TO WORK/SCHL IN
VEHICLE		
Q8P6	25	HH HAVE PERSONAL COMPUTER
~ 08P7	25	HH USE PC TO COMMUNNICATE
Q8P8	25	# TIMES MADE INTERNET PURCHASE,
LAST YR	-	
Q8P9	25	ENGLISH PRIMARY LANGUAGE IN HH
REGION	1	REGION
	<del>-</del>	

RSDNC	2	HOUSEHOLD HAVE MORE THAN ONE
RESIDENCE		
SAMPLE	1	SAMPLE - MAIN (RDD) OR
OVERSAMPLE		
STATE	7	STATE LIVE IN ONE YEAR AGO
WAGEHR97	19	HOURLY WAGE IN 97
WAGEWK97	19	WEEKLY WAGE IN 97
WGHR1ST	12	HOURLY EARNING FROM LAST WEEK@S
MAIN JOB		
WGHROTH	12	HOURLY EARNING FROM LAST WEEK@S
OTH JOBS		
WGWK1ST	12	WEEKLY EARNING FROM LAST WEEK@S
MAIN JOB		
WGWKOTH	12	WEEKLY EARNING FROM LAST WEEK@S
OTH JOBS		
WHICH	23	NOT SAME HEALTH PLAN AS
RESPONDENT		
WHO2	18	RECEIVED SS ETC. PAYMENTS IN
1997		